

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 20 1958

47167

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Tina, Missouri RFD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fellers Drug Store. USA.			Length of stay in 1b USA.			d. STREET ADDRESS (If outside, give location) 4 M NW Tina, Mo.	
3. NAME OF DECEASED (Type or print) Ralph Chas. Baker.				4. DATE OF DEATH Dec. 19th, 1957		Month Day Year	
5. SEX M		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 19th, 1899	
9. AGE (In years and birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		100. KIND OF BUSINESS OR INDUSTRY Livestock Farm.		11. BIRTHPLACE (City and state or country) Tina, Missouri	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Chas. Baker,				14. MOTHER'S MAIDEN NAME Kate Browning			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Address Mrs Gertrude Baker Tina, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEART ATTACK Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Office Bldg. Fellers Drug Store		20f. CITY, TOWN, OR LOCATION CARROLLTON		COUNTY STATE CARROLL MO	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. P. Cochran				22b. ADDRESS 103 E 4th Carrollton Mo		22c. DATE SIGNED 1-7-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/23/1957		23c. NAME OF CEMETERY OR CREMATORY Avalon Cemetery		23d. LOCATION (City, town, or county) (State) Avalon, Missouri.	
24. FUNERAL DIRECTOR ADDRESS Clifford W. Austin, Tina, Missouri				25. DATE RECD. BY LOCAL REG. 1-15-58		26. REGISTRAR'S SIGNATURE Tom Herbert Calvert	

MAR 19 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard W. Austin*

Licensed Embalmer No. 323

P. O. Address Tina, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.